MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING Print or Type) Town of Brookline Mass. Dele____ Building Permit #__ Location Owner's Name ___ Plans Submitted: Yes 🗆 No 🖂 Replacement [] Renovation [] New 🗆 FIXTURES TANKS CONK FOUNT BACKFLOW PREY. FIXTURES LAUNDRY TRAYS WATER CLOSET SINKS DRAINS WATER PIPING DISHWASHERS MACH. DRAINS LAVATORIES DRAIN HOT WATER SLOP SINKS GAS TRAPS DISPOSERS BATHTUBS TANKLESS DRINKING KITCHEN BHOWER URINALS FLOOR ! WASH, 1 DIMER ROOM ABEA SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR **5TH FLOOR** 6TH FLOOR 7TH FLOOR STH FLOOR Check one: Certificate Installing Company Name_____ Corp. Address ☐ Partnershlp ☐ Firm/Co. Business Telephone___ Name of Licensed Plumber INSURANCE COVERAGE: Check one I have a current liability insurance policy or its substantial equivalent. Yes 🔲 No 🗆 If you have checked yes, please indicate the type coverage by checking the appropriate box. A liability insurance policy Other type of indemnity Bond [] OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass, General Lawr, and that my signature on this permit application waives this requirement. Check one: Owner [] Agent [] Signature of Owner or Owner's Agent I hereby certify that all of the details and information I have submitted for entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By	
TRIe	
City/Town	
APPROVED (OFFICE USE ONLY)	

	Signature of Ucensed Plumber	
License	Number	
Type of	Plumbing License: Master Journeyman	

FINAL INSPECTIONS

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PERMIT GRANTED DATE 19 PLUMBING INSPECTOR	LOCATION OF BUILDING	NAME & TYPE OF BUILDING	NO APPLICATION FOR PERMIT TO DO PLUMBING
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